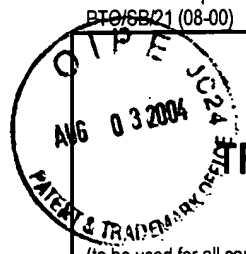


2665



<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/524,066
	Filing Date	03/13/2000
	First Named Inventor	Hetherington et al.
	Group Art Unit	2665
	Examiner Name	Han, Clemence
	Attorney Docket Number	CE08291R

**RECEIVED**  
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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s) - Replacement Sheets	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> RCE
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	<input type="checkbox"/> Copy of Notice to File Missing Parts
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Transmittal of Formal Drawings
		<input type="checkbox"/> Response to Notice of Non-Recordation of Document

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Lalita W. Pace	Registration No.	39,427
Signature	<i>Lalita W. Pace</i>		
Date	July 29, 2004		

CERTIFICATE OF TRANSMISSION			
I hereby certify that this correspondence is being sent by United States first-class mail: to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date listed below:			
Typed or printed name	Nanette Orr		
Signature	<i>Nanette Orr</i>	Date	July 29, 2004

The PTO did not receive the following listed item(s) Fee Transmittal form.